

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 07/04/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/07/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	5800	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	196	CLIENT NOT ELIGIBLE ON SERVICE	1	6139	10451	4312
				DATE				
		8800	56	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8599	469	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	396	CLIENT NOT ELIGIBLE ON SERVICE	50	1078	21973	20895
				DATE				
		191	60	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	11	118	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	89	DETAIL NOT COVERED BY COMBINAT	9	385	15882	15497
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	49	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	11	199	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	23	DETAIL NOT COVERED BY COMBINAT	3	225	3929	3704
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	18274	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	1610	DETAIL NOT COVERED BY COMBINAT	1944	24738	34009	9271
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	969	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	8599	370	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	293	CLIENT NOT ELIGIBLE ON SERVICE	12	926	9889	8963
				DATE				
		21	65	DUPLICATE OF CLAIM-SYSTEM				
3404917	CENTERPOINT HUM	11	1134	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		5308	250	PRIOR AUTHORIZED UNITS EXCEEDE	16	1684	19184	17500
				D				
		8599	89	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	210	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	72	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	85	430	7322	6892
		11	67	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MR D	23	1126	SERVICE REQUIRES PRIOR APPROVA L				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1146	17042	15896
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	5312	714	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	262	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	1270	11059	9789
		10	56	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT ER	11	744	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8329	49	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	837	9183	8346
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	5 COUNTY MH	11	360	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		23	352	SERVICE REQUIRES PRIOR APPROVA L	0	961	4537	3576
		21	164	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	23	2910	SERVICE REQUIRES PRIOR APPROVA L				
		8599	297	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	86	3712	12166	8454
		21	105	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	4237	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	174	DUPLICATE OF CLAIM-SYSTEM	13	4514	21550	17036
		5308	52	PRIOR AUTHORIZED UNITS EXCEDE D				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M HC	8622	152	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	615	6434	5819
		8329	95	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		167	4	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM	2	10	207	197
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	794	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	162	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	282	1754	23412	21658
		8931	141	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	685	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	869	10939	10070
		191	41	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	201	1919	1718
		8621	27	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	15	DUPLICATE OF CLAIM-SYSTEM				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	16	36	2437	2401
		8932	7	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404937	EDGEcombe NASH MNTL HLTH C	21	555	DUPLICATE OF CLAIM-SYSTEM				
		8000	32	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	649	3633	2984
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	109	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	237	2513	2276
		8329	19	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404941	PITT CO MH/DD/S AS CENTER	8599	1541	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1147	DUPLICATE OF CLAIM-SYSTEM	39	3588	7207	3619
		11	524	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	34	DUPLICATE OF CLAIM-SYSTEM				
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	36	100	1714	1614
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404943	ALBEMARLE MENTA L HEALTH CE	11	64	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	58	DUPLICATE OF CLAIM-SYSTEM	106	376	3075	2699
		8931	58	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	700	DUPLICATE OF CLAIM-SYSTEM				
		11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	878	15959	15081
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	6585	DUPLICATE OF CLAIM-SYSTEM				
		8599	1407	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	278	10825	20240	9415
		11	1179	CLIENT NOT ELIGIBLE ON SERVICE DATE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL HEALTH CTR	8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	22	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	45	220	4132	3912
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	193	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	15	DUPLICATE OF CLAIM-SYSTEM	7	216	1457	1241
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				